

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 02-08-08

Address: Bethel rd At Coffing rd

Case #: 14-37586

Riverside, In

County: Fountain

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☒ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☒ Open - No Structure
☐ Other:

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): ____
☐ Red Phosphorous/Iodine Reaction(s): ____
☐ Flammable Solvents: ____
☐ Water Reactive Metal (Lithium): ____
☐ Anhydrous Ammonia: ____
☐ Hydrochloric Acid Gas Generator(s): ____
☐ Corrosive Acid: ____
☐ Corrosive Base: ____
☒ Other (item and location): Empty acid bottle, Jars,

Child under age 18 discovered (check one)

- ☐ Yes ____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: Call in

This report is to be faxed to the following agencies that serve the location:

Fire Department: Attica

Fax: 765-764-4960

Health Department: Fountain

Fax: 765-793-4600

Child Protection Service: N/A

Fax: N/A

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Holeman, J.D.

Phone 765-567-2125

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.